NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-01-2007 90002 039 ****61.25
N98000006311

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006311

1. Entity Name
BeraChah missionary Baptist Church

40119305
REINSTATEMENT
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10705 S.W. 216 Street	10705 S.W. 216 Street
Suite, Apt. #, etc.: 218	Suite, Apt. #, etc.: 218
City & State: Goulds FL	City & State: Goulds, FL
Zip: 33170 Country: Dade	Zip: 33170 Country: Dade

4. FEI Number: 65-0877916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Wibbiam R. Bryant

Street Address (P.O. Box Number is Not Acceptable): 21121 S.W. 85 Ave Apt 217

City: miami FL Zip Code: 33189

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: William R. Bryant William R. Bryant 7/18/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	William R. Bryant
STREET ADDRESS	21121 S.W. 85 Ave Apt 217
CITY-ST-ZIP	Cutler Bay FL 33189
TITLE	Church Treasure
NAME	ONLY Bryant
STREET ADDRESS	2610 S.W. 133 Ct
CITY-ST-ZIP	Princetian FL 33020
TITLE	Church Clerk
NAME	Dorat Wiggin
STREET ADDRESS	15278 S.W. 104 St. Apt 531
CITY-ST-ZIP	Miami, FL 33196
TITLE	Deacon
NAME	Robert Lowell Lansey
STREET ADDRESS	10106 Circle Plaza West
CITY-ST-ZIP	Perrine FL 33157
TITLE	
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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: William R. Bryant 5/22/07 305-431-6588
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

S. Mitchell JUL 23 2007